

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3792-62-027310  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED AUG 2 1962

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>3 Wks</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2619 S. 53rd</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Arthur</b> Middle <b>E. R</b> Last <b>Redick</b>		4. DATE OF DEATH Month <b>7</b> Day <b>18</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-10-1894</b>
9. AGE (last birthday) <b>68</b>		IF UNDER 1 YEAR Months <b>68</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Floor Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and state or country) <b>Lexington, Ky.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Francis A. Redick</b>	
13b. MOTHER'S MAIDEN NAME <b>Ella Jennings</b>		14. NAME OF HUSBAND OR WIFE <b>Norma W. Redick</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Norma W. Redick</b>		Address <b>Home</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Thrombosis right internal Carotid Artery.</b> DUE TO (b) <b>Cerebral Arteriosclerosis &amp; dehydration</b> DUE TO (c) <b>Retroperitoneal Periaortic Aneurysm</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHS but not related to the terminal disease condition given in PART I (a) <b>Extensive Bronchopneumonia</b> <b>multiple Renal &amp; Splenic infarction</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>8:40</b> a.m. <b>A.</b> Month, Day, Year <b>May 22, 1962</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Maple Hill Cemetery</b>		COUNTY <b>Kansas City</b> STATE <b>Kansas</b>
21. I attended the deceased from <b>May 22, 1962</b> to <b>July 18, 1962</b> and last saw him live on <b>July 17, 1962</b> Death occurred at <b>8:40 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED <b>7-19-62</b>
22a. SIGNATURE <b>Philip Raul</b> (Degree or title)		22b. ADDRESS <b>4320 Wornall Rd.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-21-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b> ADDRESS <b>Main</b>		25. DATE RECD. BY LOCAL REG. <b>7-20-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth H Long</b>			

DOCUMENT

MEDICAL CERTIFICATION

Philip Raul

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

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28/50

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lloyd F. Dieckman*

Licensed Embalmer No. 5120

P. O. Address K.C. 11, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.